

APPLICATION DATA SHEET**Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks:: None

Number of Copies of CDs::

Sequence Submission?: Yes

Computer Readable Form (CRF)? Yes

Number of Copies of CRF:: 1

Title:: GLYCOSYLTRANSFERASE GnT-V HAVING
NEOVASCULARIZATION ACTION

Attorney Docket Number:: 034100-003

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 7

Small Entity?: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Naoyuki

Middle Name::

Family Name:: TANIGUCHI

Name Suffix::

City of Residence:: Toyonaka-shi

State or Province of Residence:: Osaka

Country of Residence:: Japan

Street of Mailing Address:: 201, 19-32, Uenohigashi 2-chome

City of Mailing Address:: Toyonaka-shi

State or Province of Mailing Address:: Osaka

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 560-0013

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Eiji
Middle Name::	
Family Name::	MIYOSHI
Name Suffix::	
City of Residence::	Toyonaka-shi
State or Province of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	603, 6-30, Nishimidorigaoka 2-chome
City of Mailing Address::	Toyonaka-shi
State or Province of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	560-0005
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Takashi
Middle Name::	
Family Name::	SAITO
Name Suffix::	

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City of Residence:: Wako-shi
State or Province of Residence:: Saitama
Country of Residence:: Japan
Street of Mailing Address:: Excel Takisaka 101, 15-5, Shirako 2-chome
City of Mailing Address:: Wako-shi
State or Province of Mailing Address:: Saitama
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 351-0101

Correspondence Information

Correspondence Customer Number:: 21839
Phone Number:: (703) 836-6620
Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/JP02/13879	12/27/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	2002-2056	01/09/02	Yes

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Assignee Information

Assignee Name::	SUNTORY LIMITED
Street of Mailing Address::	1-40, Dojimahama 2-chome, Kita-ku
City of Mailing Address::	Osaka-shi
State or Province of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	530-8203